

**MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET  
(FOR USE WITH FORM PTO-875)**

SERIAL NO. **09/402488**

FILING DATE

APPLICANT(S)

**CLAIMS**

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT								
	IND.	DEP.	IND.	DEP.	IND.	DEP.		IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1		1		1		51						
2		1		1		1	52						
3		1		1		1	53						
4		1		1		1	54						
5		1		1		1	55						
6		1		1		1	56						
7		1		1		1	57						
8		1		1		1	58						
9		1		1		1	59						
10		1		1		1	60						
11		1		1		1	61						
12		1		1		1	62						
13		1		1		1	63						
14		1		1		1	64						
15		2		1		1	65						
16		2		1		1	66						
17		2		1		1	67						
18		2		1		1	68						
19		0		1		1	69						
20	1		1		1		70						
21		1		1		1	71						
22		1		1		1	72						
23		1		1		1	73						
24		1		1		1	74						
25		1		1		1	75						
26		6		1		1	76						
27		6		1		1	77						
28		0		1		1	78						
29		1		1		1	79						
30		1		1		1	80						
31	1		1				81						
32		1		1			82						
33		1		1			83						
34		1		1			84						
35		4		1			85						
36		4		1			86						
37		4		1			87						
38		0		1			88						
39	1		1				89						
40	1		1				90						
41	1		1		1		91						
42	1		1				92						
43		2		1		1	93						
44		0		1		1	94						
45	1		1				95						
46		1		1		1	96						
47	1		1				97						
48							98						
49							99						
50							100						
TOTAL IND.		9		2			TOTAL IND.						
TOTAL DEP.		38		23			TOTAL DEP.						
TOTAL CLAIMS		47		26			TOTAL CLAIMS						